

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-020230

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5114

FILED MAY 31 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Louis City Hosp. #1

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

3127 LOCUST

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

CHARLES

Middle

A.

Last

BUNTING

4. DATE OF DEATH

Month

May

Day

18

Year

1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

APR. 14, 1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ELEVATOR OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY

STATLER HOTEL ST. LOUIS, MO.

11. BIRTHPLACE (City and state or country)

ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Sidney H. Bunting

13b. MOTHER'S MAIDEN NAME

Elizabeth Kuepper

14. NAME OF HUSBAND OR WIFE

DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

HELEN SCHAUM

Address

8818 PARTRIDGE

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PNEUMONIA, BILATEAL

AND PULMONARY EDEMA

490X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BYELONEBRITIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-4-62 to 5-18-62 and last saw her alive on 5-18-62  
Death occurred at 3:55 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1515 Lafayette Ave.

22c. DATE SIGNED

5-18-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

5/22/1962

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

4746

25. DATE RECD. BY LOCAL REG.

MAY 21 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

J.H. Schmidt, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John J. Harris

Licensed Embalmer No. 4108

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.